

# SOCIAL WORK IN THE V.D. SERVICE\*

## WASSERMANN TESTING OF PATIENTS ATTENDING ANTE-NATAL CLINICS

The following is an analysis of information obtained by the Venereologists Group Committee of the British Medical Association in response to a questionnaire sent to physicians-in-charge at the V.D. Treatment Centres in the United Kingdom, which number approximately 290. Replies were received from 201 centres, including four in Scotland and four in Northern Ireland. Certain questions and answers are detailed below, with the relevant recommendations of the Committee.

### I. Arrangements for Social Work

Question	Answer
DO YOU HAVE THE SERVICES OF SOCIAL WORKERS ?	Yes : 133†, No : 68
DO THEY ATTEND CLINICS AND INTERVIEW PATIENTS ?	Yes : 74, No : 58
WHO APPOINTS THEM ?	Hospital . . . . 42 Local authority 85 Both . . . . 5
ARE ROUTINE VISITS REGARDING CONTACT TRACING, DEFAULT, ETC., MADE BY HEALTH VISITORS OR BY SOCIAL WORKERS ENGAGED ON V.D. WORK ONLY ?	Yes : 144, No : 52 Health visitors 48 Social workers 69‡ Both . . . . 27‡
DO YOU CONSIDER A SOCIAL WORKER IS OR SHOULD BE AN INTEGRAL PART OF A V.D. CLINIC ?	Yes : 180, No : 20

**Recommendations.**—The Venereologists Group Committee makes the following Recommendations :

(1) That social workers should be an integral part of the V.D. service—support for this principle has been expressed by a large majority of physicians in charge of V.D. clinics.

(2) That every clinic should have the services of a social worker or social workers who should remain attached to the same clinic or clinics without being changed more frequently than is absolutely necessary.

(3) That the duties of social workers should include interviewing patients at the clinic, securing

\* Received for publication March 5, 1952.

† This figure (133) includes a number of centres where it is clear that health visitors, hospital almoners, or nursing staff, etc., are acting as social workers, and it seems possible that, although not stated, this is also the position at other centres. Similarly, it is clear that in some cases where a negative answer was given health visitors or other personnel are to some extent carrying out social work.

‡ These figures (69 and 27) include a number of cases where almoners or nursing or other personnel act as social workers for visiting purposes. In nine cases medical officers assist with visiting.

It is not clear how many social workers are engaged on V.D. work only, but it would appear that the number is comparatively small.

the attendance, by visit or otherwise, of contacts, i.e. persons known or believed to be sources of venereal infection, and securing the re-attendance of persons who have discontinued treatment prematurely.

(4) That the preliminary interviewing of contacts should be as private as possible and be undertaken at premises apart from the clinic, or in a separate part of the hospital, to avoid stigmatizing persons who may have been wrongly named.

(5) That social workers should carry out their duties in the area served by the clinic without regard to local authority boundaries.

(6) That the cost of providing social workers for the V.D. service might, in certain circumstances, be apportioned between the hospital authority and the local health authority concerned, on an agreed basis. Where more than one local authority is concerned, the cost might well be shared according to population.

### II. Wassermann Testing

Question	Answer
IS A ROUTINE WASSERMANN DONE ON ANTE-NATAL PATIENTS AT HOSPITAL, AT ANTE-NATAL CLINICS, AND IN GENERAL PRACTICE ?	Yes : 63, No : 12

114 other affirmative replies were restricted to hospital and/or ante-natal clinics, viz. :

Hospital . . . .	12
Hospital and Ante-natal Clinics . . . .	72
Ante-natal Clinics . . . .	30

The Venereologists Group Committee comments that, although the practice of routine testing is growing, an appreciable number of cases of congenital syphilis still occurs. This may be accounted for, but only in part, by the facts that some women do not avail themselves of the ante-natal services and that at some clinics tests are carried out only in first pregnancies.

**Recommendations.**—The Venereologists Group Committee makes the following Recommendations :

(1) That, with the object of securing a further diminution in the incidence of congenital syphilis, every effort should be made in hospitals, ante-natal clinics, and general practice :

- to extend the practice of testing pregnant patients for venereal disease, not only in their first but also in subsequent pregnancies ;
- to seek the cooperation of the consultant venereologist in any case of doubt.

(2) That special attention should be given to the importance of avoiding delay in reporting the results of tests.